

## Notice of Fee Due

Date: \_\_\_\_\_

Application Number: \_\_\_\_\_

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee\*. If an authorization is not present, notify the application of the fee deficiency.

**\*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

- ☐ Insufficient payment by check or money order.
- ☒ Insufficient funds in deposit account \_\_\_\_\_.
- ☐ Insufficient payment by credit card.
- ☐ Declined credit card.
- ☐ No authorization to charge a deposit account.

Fee code(s) to be applied:

_____	_____
_____	_____
_____	_____
_____	_____

Amount in holding fee code:

1622	_____
2622	_____
1999	_____

Total remaining due from applicant:

_____	_____
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RAM Operator \_\_\_\_\_



## Deposit Account

Number: 120080

Balance Amount: 31.50

## Holder

Name: LAHIVE &amp; COCKFIELD, L.L.P.

601

## Address

Attention: MICHAEL HOWARD, ACCOUNTING SUPERVISOR

Street: 28 STATE STREET

Province:

City: BOSTON

State: MA

Postal Code: 02109

Country: US

Telephone: 617-227-7400

Fax: 617-742-4214

## Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Status

Access Code:

☒ Active☐ Closed

NNGUYEN2 06/29/2006

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